



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Áras Deirbhle Community Nursing Unit
Name of provider:	Áras Deirbhle Community Nursing Unit
Address of centre:	Aras Deirbhle, Belmullet Community Hospital, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	14 May 2024
Centre ID:	OSV-0000644
Fieldwork ID:	MON-0043692

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The following information has been submitted by the registered provider and describes the service they provide. The designated centre provides 24-hour nursing care to 30 residents over 65 years of age, male and female who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre is a single story building opened in 1975. Accommodation consists of seven twin bedrooms and sixteen single bedrooms. Communal facilities include dining/day room, an oratory, visitors' room, hairdressing salon, smoking room and a safe internal courtyard. Residents have access to three assisted showers and two bathrooms. The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 May 2024	09:00hrs to 15:30hrs	Lorraine Wall	Lead
Tuesday 14 May 2024	09:00hrs to 15:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

On the day of the inspection residents appeared content living in the Aras Deirbhle Community Nursing Unit. Many of the residents who spoke with the inspectors said they were generally happy with their life in the centre and that they were very well cared for by the staff working in the centre. There was a calm and relaxed atmosphere as residents went about their day to day routines.

All staff and resident interactions observed on the day of inspection were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff were observed to knock on residents' bedroom doors before entering. Inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by their preferred name. Residents spoke about exercising choice and control over their day and being satisfied with the activities available to them.

A high number of residents were living with a diagnosis of dementia or cognitive impairment and were unable to express their opinions on the quality of life in the centre. However, these residents appeared to be relaxed and clearly enjoyed being in the company of staff. Inspectors observed staff and residents having good humoured banter throughout the day and observed staff chatting, dancing and singing with residents.

The designated centre is registered to accommodate up to 30 residents in sixteen single and seven twin bedrooms. Resident bedrooms had recently been renovated with surfaces, finishes and furnishings that readily facilitated cleaning. Lockable locker storage space was available for all residents and personal storage space within each bedroom comprised of a bedside locker and a double wardrobe. Ceiling hoists had been installed in each bedroom. However, access to wardrobes within four bedrooms was obstructed by the bed. Findings in this regard are presented under Regulation 17: Premises.

The inspectors observed that staff were working hard to provide care and support to the residents and were kind and empathetic in their interactions with the residents they cared for. The inspectors noted staff to be responsive when attending to residents' needs. The inspectors spoke with a number of residents who expressed their satisfaction with the quality of care they received, telling the inspector that the "staff are very good to us".

Activities on the day were facilitated by an activities coordinator and had significantly improved since the previous inspection with a lot more happening both in the centre and outings for residents. Inspectors reviewed pictures of recent outings, including a trip to the nearby national park at Ballycroy which residents seemed to enjoy. It was clear that residents now have appropriate opportunities to take part in meaningful activities and that this had improved since the previous inspection. The activities schedule included arts and crafts, an exercise programme,

board games, a specialist interactive table and baking. Musicians also attended the centre regularly to entertain residents. Residents who participated in activities on the day were observed to enjoy them and told inspectors how happy they were that there was now "plenty to do" in the centre. Eight members of staff are trained in the "imagination gym" and inspectors reviewed records of one to one activities which are specifically designed for residents with dementia.

The inspector observed residents during mealtime and found that staff assisted residents in a respectful manner. Most residents ate their meals in the main day room, while a small number of residents ate their meals in the dining room. The inspectors observed that in spite of recent refurbishment and a new floor being fitted the dining room was uninviting and did not appear homely. This was not a pleasant communal space for residents and required improvement to bring it to the standard of the other communal areas. In addition the corridors had limited decor and furnishings to make the environment homely and inviting for residents. These were repeat findings from previous inspections in January and November 2023.

Overall the general environment and resident's bedrooms, communal areas and bathrooms inspected appeared clean and well maintained.

Ancillary facilities also supported effective infection prevention and control. For example, staff had access to dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. Each side of the unit also had a sluice room for the reprocessing of bedpans, urinals and commodes. These rooms were observed to be clean and tidy. The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff.

Hand wash sinks were accessible to staff and located on the corridors within close proximity of resident bedrooms and in sluice rooms, dining room and sitting room so that they were convenient for use. Conveniently located, alcohol-based product dispensers along corridors, facilitated staff compliance with hand hygiene requirements.

There was open access to the secure external courtyard and the inspectors saw residents sitting out enjoying sunshine on the day. The courtyard was well-maintained with level paving and comfortable seating. Inspectors observed nursing and care staff ensuring residents had hats and sun cream and providing them with cold drinks and refreshments.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), to review the information submitted by the provider in respect of the application to renew the registration of the centre and to follow up on the findings of the previous inspection of November 2023. The provider has recently applied to renew the registration of the designated centre

The registered provider is the Health Service Executive (HSE). The person in charge and the clinical nurse manager were not available on the day of the inspection, therefore an introductory meeting was held with one of the two staff nurses on duty, followed by a walkabout of the centre which gave the inspectors the opportunity to chat with residents and staff as they went about their day.

Inspectors followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they had improved existing facilities and the physical infrastructure at the centre through extensive renovations and maintenance. Findings in this regard are presented under Regulation 17; Premises. Notwithstanding the significant improvements that had been made by the provider some repeat findings from the previous inspection in November 2023 were found in relation to governance and management and staffing, complaints, health care, and infection control. These findings are set out under the relevant regulations.

The management team consisted of the person in charge and two clinical nurse managers, however one of the clinical nurse manager posts had remained vacant for almost 12 months since June 2023. A number of staff nurse posts also remained vacant. Due to ongoing nursing staff shortages the remaining clinical nurse manager in the centre had limited supernumerary hours to carry out their management role as they were rostered as a staff nurse working on the floor for the majority of the days they were working. This further reduced the management hours available to supervise and support staff and ensure care and services were provided to the correct standard. Furthermore the absence of the person in charge had not been notified to the Chief Inspector within the required time frame, as per the requirements of Regulation 32:

The inspectors reviewed a sample of residents contracts and found that they met the requirements of Regulation 24.

Occupancy levels had been reduced to facilitate the recent renovation works in the centre. The risks associated with staff shortages were mitigated by these low occupancy levels. Staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of the 17 residents living in the centre and residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. However the current staffing model was overly reliant on agency staff and staff employed by the provider working additional shifts and was not sustainable.

There were sufficient numbers of housekeeping staff on duty. These staff members were found to be knowledgeable in cleaning practices and processes within the

centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

Surveillance of health care associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted to the Authority found that outbreaks were generally managed, controlled and reported in a timely and effective manner. The centre had not experience an outbreak since May 2023. Staff spoken with were knowledgeable of the signs and symptoms of common transmissible infections and knew how and when to report any concerns regarding a resident.

Inspectors were provided with Schedule 5 policies and procedures and found that they had been updated at intervals not exceeding three years. However, the centres complaints policy and procedure required revision to meet amendments to the regulations that had come into effect in March 2023 (S.I. 628 of 2022). Furthermore, the complaints log was not available to view on the day of the inspection. This is discussed further in this report under Regulation 34: Complaints.

Efforts to integrate Schedule 5 policies and procedures into practice were underpinned by mandatory education and training. A suite of both online and face-to-face mandatory training was available to all staff in the centre and the majority of staff were up to date with training including, fire safety, safe guarding, managing behaviour that is challenging and infection prevention and control. Housekeeping staff had also attended (or were scheduled to attend) a nationally recognised specialised hygiene training program for support staff working in health care.

Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre and this application included full and satisfactory information as required by the regulations

Judgment: Compliant

Regulation 15: Staffing

There were a sufficient number of staff available on the day of the inspection

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff had completed training in safeguarding, infection control, fire, dementia awareness and managing behaviour that is challenging. However two member of staff were overdue their refresher training in the safeguarding of vulnerable adults.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had failed to ensure that the current staffing model provided sufficient resources to ensure there were safe and effective staffing levels in the centre. The over reliance on agency staff did not ensure continuity of care for residents and the need for staff employed by the provide to work additional shifts to cover vacancies and long term absences was not sustainable going forward.

The management structure that is set out in the provider's statement of purpose was not in place. The person in charge was absent for more than 28 days and had not been notified to the Chief Inspector. One clinical nurse manager post remained vacant since June 2023. The second clinical nurse manager was not facilitated to ensure their management hours were protected. As a result they were working as a staff nurse to cover nursing absences in the centre. Furthermore the decrease in clinical nurse manager hours to those set out in the statement of purpose meant that the deputising arrangements for the person in charge were not in place for when the person in charge was absent for more than 28 days. This posed a significant risk to the oversight of the care and welfare of the residents.

Systems for monitoring the quality and safety of the service did not ensure the quality and safety of care were effectively and consistently monitored to identify deficits and inform ongoing safety improvements in the centre. The inspectors found that provider's audit system required review. The audit schedule was not available to view on the day of the inspection. Audits viewed were not measured to inform ongoing quality and safety improvements in the centre. For example, there was no record of audits of key areas such as care plans or medication management.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts and found that they met the requirements of Regulation 24.

Judgment: Compliant

Regulation 32: Notification of absence

The provider had failed to give notice to the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. The person in charge had been absent in the centre from 10 March 2024. However, the provider had not notified the Chief inspector of this absence until 1 May 2024.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre's complaints policy and procedure required review to ensure that residents have access to advocacy services for the purposes of making a complaint and to ensure that the policy had been updated in line with changes in legislation. This was a repeated finding from the previous inspection.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and

capabilities. There was a focus on social interaction led by the activity co-ordinator and residents had daily opportunities to participate in group or individual activities.

Residents spoken with confirmed that they felt safe in the centre and that they found staff approachable. Residents stated that they would have no problem in making a complaint and that issues were usually addressed promptly. Staff confirmed that that resident voting in the upcoming local and european elections would be facilitated.

There were no visiting restrictions in place. Visits and social outings were encouraged and facilitated. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure and well maintained with appropriate lighting and heating. Residents had access to a smoking room that was located within the building. Inspectors saw that this room was fitted with an extraction fan and automatic door closure. However, the ventilation system was not effective, which resulted in the lingering smell of smoke in the adjoining areas of the centre.

Supplies and equipment were appropriately stored with some exceptions. For example, several pieces of clinical equipment were stored within the oratory. The sluice rooms were clean and well maintained. However, the detergent for the bedpan washer on side A was not connected. This may impact the effectiveness of decontamination. Findings in the regard are reported under Regulation 27: infection control.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP) practices, tissue viability and house physiotherapy as required. There was a low reported incidence of wounds including pressure sores within the centre. However, the continued lack of timely access to dietetics negatively impacted on a number of residents' health and well being. A review of documentation also found that the majority of residents were waiting for an appointment to see the chiropodist. There was no evidence that the provider had a plan in place to ensure that residents' needs to see a chiropodist would be addressed in a timely manner.

The menus for all meals and snacks were displayed on a notice board near the main entrance. However, pictorial menus to assist residents with dementia or cognitive loss choose meals were not provided.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that the quality of food was excellent. A small number of residents attended the dining room for their meals while the majority of residents chose to have lunch in the day room. There were adequate numbers of staff available to assist residents at mealtimes. Inspectors observed residents being assisted with their meals in a respectful and dignified manner.

Paper based resident files were well presented, organised and supported effective care and management systems in the centre Resident care plans were accessible on a paper based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. Care plans viewed by inspectors were generally person-centred, however behavioural care plans required review.

While responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being adequately managed on the day of the inspection, inspectors were not assured that appropriate interventions were in place for a resident who had a history of entering other residents' bedrooms. A review of this resident's care plan found that this responsive behaviour was not set out within the care plan. In addition, inspectors found that the risk had been managed for residents who had complained about this behaviour, for example, the bedroom doors of some residents had been fitted with a lock and a keypad had been fitted on the other side, should staff need to enter. However, the risk had not been managed for other residents who may have been impacted but who had not complained, some of whom did not have the capacity to talk to staff if they had been impacted.

While televisions were available in the communal sitting rooms, some residents in twin bedrooms did not have individual choice of television viewing and listening as only one television was provided in these bedrooms. In addition, in a number of single and twin bedrooms, residents could not easily access their wardrobes because the lack of space in the bedroom meant that the residents' beds were obstructing the wardrobe doors. This was a repeat finding from the previous two inspections.

Inspectors were told that measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, visits and social outings were encouraged. Local guidelines advised that personal protective equipment (PPE) was only required following a point of care risk assessment.

When residents returned from the hospital, inspectors saw evidence that relevant information was obtained upon the residents' readmission to the centre. However, the National Transfer Document and Health Profile for Residential Care Facilities was not used when residents were transferred from the centre to hospital. A local transfer form had been developed which contained limited details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Findings in this regard are presented under Regulation 25; temporary absence or discharge of residents.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff applied standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. Appropriate use of PPE was also observed during the course of the inspection.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antimicrobials. A review of resident files found

that clinical samples for culture and sensitivity were sent for laboratory analysis as required.

Inspectors also identified some examples of antimicrobial stewardship practice. For example, monthly monitoring of a minimum data set of health care associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was undertaken through Community Health care Organisation (CHO) 2. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Regulation 12: Personal possessions

Residents were unable to access their clothing in their wardrobes in some bedrooms as the position of the beds was obstructing the wardrobe doors and preventing them opening. This finding did not ensure that each resident could access their belongings easily and as they wished and is repeated from the last two inspections in November 2021, January 2023 and November 2023.

Judgment: Not compliant

Regulation 17: Premises

The premises were clean, well maintained and generally conformed to the matters set out in Schedule 6 Health Act Regulations 2013. However further action was required to be fully compliant. For example;

- Clinical equipment was inappropriately stored within the resident's oratory.
- There was inadequate ventilation in the smoking room and inspectors observed that the smell of smoke emanated throughout the corridor and towards the residents' communal room.
- There was a hole in the ceiling of the smoking room which did not ensure adequate fire stopping.
- Water damage was observed on the ceiling of one bedroom.
- The flooring in the reception area required repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents chose their meal the day before and the inspector was not assured that all residents were able to remember what they had ordered for dinner from the previous day. In addition, there were no picture menus available for residents with cognitive impairment who may not be able to understand the written menu options available.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The locally developed nursing transfer form did not contain a comprehensive section to document details health care associated infection and MDRO colonisation. Only MRSA colonisation status was listed on the form. Omissions of critical information regarding infection and colonisation status during hospital transfer may mean appropriate infection control measures may not be in place when caring for all residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- The detergent was not connected in the bedpan washer. This may impact the effectiveness of decontamination.
- The covers of several pressure relieving cushions were worn. As a result they would not be effectively cleaned.
- Alcohol in several dispensers had passed its expiry date. This may impact the effectiveness of hand hygiene
- Several single use wound dressings were observed to be open and partially used. This may have impacted the sterility and efficacy of these products.
- Clinical waste bins were not available within the sluice rooms. This may lead in inappropriate waste segregation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The behavioural care plan for one resident did not set out the clearly the actions that staff needed to take to ensure that all residents who may be impacted by the resident's behaviours were adequately protected.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors followed up on the actions from the provider's compliance plan following the previous inspection in November 2023 and found that the provider had failed to put a plan in place to ensure that residents had timely access to a dietitian in line with their needs.

In addition, inspectors found that the residents did not have timely access to chiropody services as the majority of residents were awaiting a chiropodist appointment. Furthermore there was no evidence that appointments were made available in line with resident's assessed needs for chiropody reviews and treatments.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents in bedrooms with two beds shared one television. Provision of one television in these bedrooms did not ensure that each resident had choice of television viewing and listening. This is a repeat finding from the previous inspections in January 2023 and November 2023.

Inspectors were not assured that all residents had their right to privacy in their personal space assured due to the provider's failure to effectively manage responsive behaviours of residents who may enter another resident's bedrooms uninvited.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Áras Deirbhle Community Nursing Unit OSV-0000644

Inspection ID: MON-0043692

Date of inspection: 14/05/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All outstanding mandatory staff training is scheduled for completion on or before 1-9-2024</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We are seeking derogations to fill outstanding vacancies through recruitment and agency conversion.</p> <p>A person has accepted the CNM1 post but it has been held due to HSE recruitment pause</p> <p>The provider is supporting the CNM2 to cover the absence of the Person in Charge.</p> <p>Our colleagues in QPS in Cho2 West will be working with the unit to improve audit process and procedure in the coming months.</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations</p>	

Regulation 32: Notification of absence	Not Compliant
Outline how you are going to come into compliance with Regulation 32: Notification of absence: Notification as requested has been submitted	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Our complaints policy has been updated to address the deficiencies identified	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: We are ordering replacement wardrobes to address this issue and expect them to be in place on or before 1-9-2024	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Clinical equipment is removed from the resident's oratory. • The mecahnica extract ventilation has been repaired • There was a hole in the ceiling of the smoking room is repaired • Water damageis being adressed as part of the redecoration of the centre . • The flooring in the reception area is being replaced. 	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: <ul style="list-style-type: none"> • We are now reminding residents in the morning of their main meal choices for that day • We are finalising a pictorial menus for use in the centre 	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The standard transfer form in use in CHO 2 West CNU's is now in use</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The detergent is now connected to the bed pan washer • Defective pressure relieving cushions have been replaced • All alcohol ion diropsebsersws is now in date • Open single use dressings are disposed off. • Clinical waste bins are now availabel in the sluice rooms 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The behavioral response plan has been reviewed and updated and staff are aware of relevant intervention to address behaviors that challenge.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>We are seeking to engage private dietician service as there is at present no Public dietician cover available in North Mayo.</p> <p>We have reviewed the chiropody service and have in put in place a more effective booking and appointment process for same</p>	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Additional televisions are ordered and awaiting installation The response plan for that resident has been reviewed and updated and staff are aware of relevant intervention to address behaviours that challenge.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	01/09/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/09/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to	Substantially Compliant	Yellow	01/09/2024

	the matters set out in Schedule 6.			
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	24/06/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	01/09/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	24/06/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/09/2024
Regulation 25(1)	When a resident is temporarily absent from a designated	Substantially Compliant	Yellow	24/06/2024

	centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	24/06/2024
Regulation 32(3)	Where the person in charge is absent as the result of an emergency, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice of the absence including the information referred to in paragraph (2) in	Not Compliant	Orange	24/06/2024

	writing to the Chief Inspector specifying the matters mentioned in paragraph (2).			
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	24/06/2024
Regulation 34(5)(b)	The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.	Substantially Compliant	Yellow	24/06/2024
Regulation 5(1)	The registered provider shall, in so far as is	Substantially Compliant	Yellow	24/06/2024

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	24/06/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	24/06/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in	Not Compliant	Orange	01/09/2024

	paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	24/06/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	24/06/2024